



Verification Form for the Web Application for Admission

I certify that I comply with the provisions of the United States Military Selective Service ACT (50U.S. App. 453) by having registered with the Selective Service Board, or that I am not yet 18 years of age and I will register when required by the law to register, or that I am not required to register (Required by State of Alabama Legislative Act 91-584.).

I further agree to assume responsibility for payment of tuition and fees, where applicable, as adopted by the Alabama State Board of Education. I hereby attest that the information given above is accurate and complete to the best of my knowledge/ I understand that submission of false or misrepresented information, or the withholding of information requested in this application subjects me to refusal of enrollment, to dismissal, or to suspension as a student at Lawson State Community College.

I do hereby release and absolve Lawson State Community College and its instructors or agents of any liability that might occur as a result of accidental injury during my tenure as a student.

Applicant's Signature _____ Date _____
(As the applicant's name appears on the Application for Admission)

Applicant's Social Security Number _____

Applicant's Email Address _____

Please deliver or send this form via U.S. mail to either location listed below:

Lawson State Community College
Office of Admissions & Records
3060 Wilson Road, SW
Birmingham, AL 35221

(205) 929-6309
Fax: (205) 925-3716
Administration Building

Lawson State Community College
Office of Admissions
1100 9th Avenue SW
Bessmer, AL 35022

(205) 929-3414
Fax: (205) 424-5119
Building A